



## Zeroing in on Prevention (ZIP) Confidential Referral Form

Student Name \_\_\_\_\_ Student Number \_\_\_\_\_  
Grade \_\_\_\_\_ Person Referring \_\_\_\_\_ Subject \_\_\_\_\_

Please check the area(s) of concern:

**I. Academic Performance Areas**

- A. \_\_\_ Significant change in grades
- B. \_\_\_ Poor class performance
- C. \_\_\_ Frequent absenteeism
- D. \_\_\_ Frequent tardiness

**II. Anger Control Issues**

- A. \_\_\_ Fighting
- B. \_\_\_ Threatening and intimidating behavior
- C. \_\_\_ Defiance of authority

**III. ATOD (Alcohol, Tobacco and Other Drugs)**

- A. \_\_\_ Talks freely about drugs
- B. \_\_\_ Physical symptoms of substance abuse (glassy eyes, smells of alcohol/marijuana, lack of coordination)

**IV. Behavioral/Emotional Issues**

- C. \_\_\_ Dramatic attention getting
- D. \_\_\_ Crying
- E. \_\_\_ Inappropriate behavior at school
- F. \_\_\_ Behavior change
- G. \_\_\_ Change of friends
- H. \_\_\_ Older social group
- I. \_\_\_ Emotional problems

- J. \_\_\_ Physical illness, injuries or complaints
- K. \_\_\_ Increasing non-involvement in extracurricular activities
- L. \_\_\_ Poor hygiene

**V. Family Issues**

- a. \_\_\_ Possible abuse-physical injuries or complaints
- b. \_\_\_ Student reports family history of mental illness
- c. \_\_\_ Student reports family history of violence
- d. \_\_\_ Student reports family history of substance abuse
- e. \_\_\_ Family problems

**VI. Grief**

- a. \_\_\_ Death
- b. \_\_\_ Divorce/Separation
- c. \_\_\_ Breakup of relationship

**Other:** \_\_\_\_\_  
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